Fill in this in	formation to identify the case:	"	ed 01/23/25 14:00:57 3	Desc Main
Debtor 1	Phillip C. Rhodes		_	
Debtor 2 (Spouse, if filing)	Allison M. Rhodes		-	
United States E	Bankruptcy Court for the: Western	District of Pennsylvani	<u>a</u>	
Case number	19-24823	(State)		

Form 4100R

Response to Notice of Final Cure Payment

10/15

According to Bankruptcy Rule 3002.1(g), the creditor responds to the trustee's notice of final cure payment.

Name of creditor:	KeyBank N.A. as S/E	3/M to First Nia	agara Bank I	N.A			Court cl 9-2	aim no	o. (if known):
Last 4 digits of any	number you use to ide	entify the deb	tor's accou	nt:1	7 0	3			
Property address:	1434 Greysto Number Street	one Drive							
	Pittsburgh City	PA State	15206 ZIP Code	_					
Part 2: Prepetition	on Default Payments								
Check one:									
Creditor agrees to on the creditor's	hat the debtor(s) have p	paid in full the	amount requ	uired to cure	the prepet	ition de	ault		
Craditar disagras									
	es that the debtor(s) have claim. Creditor asserts to s:								\$
on the creditor's of this response i	claim. Creditor asserts t	hat the total p							\$
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Debtor 1	Philip	C.	Rhodes	Case number (if known)	19-24823
	First Name	Middle Name	Last Name		

Part 4: Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

|--|

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.

Check	the	appı	ropriate	box::
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I am the creditor.

☐ I am the creditor's authorized agent.

First Name

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

×	/s/ Elliott R Spirakus	Date	1_	, 23, 2025
	Signature			

Print Elliott R Spirakus Title Senior Specialist

Company KeyBank N.A.

If different from the notice address listed on the proof of claim to which this response applies:

Address 4910 Tiedeman Road
Number Street

Brooklyn OH 44144

City State ZIP Code

Contact phone (866) 325 – 9723 Email BK_SPECIALISTS@KEYBANK.COM

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

In Re: Phillip C. Rhodes Allison M. Rhodes,

Case No. 19-24823

Chapter 13

Debtor(s).

CERTIFICATE OF SERVICE

I hereby certify that on 1/23/2025 I electronically filed a Response to Notice of Final Cure with the Clerk of the Bankruptcy Court using the CM/ECF system which sent electronic notification of such filing to the following:

Debtor(s) Attorney Christopher M. Frye

Trustee Ronda J. Winnecour

And, I hereby certify that I have mailed via the United States Postal Service the Response to Notice of Final Cure to the following non CM/ECF participants:

Debtor Phillip C. Rhodes Allison M. Rhodes 1434 Greystone Drive Pittsburgh, PA 15206

> /s/Elliott R Spirakus Bankruptcy Specialist KeyBank N.A.